DOCUMENT RESUME

ED 373 022 SP 035 002

TITLE	Worksite Health Promotion Activities. 1992 National Survey. Summary Report.
INSTITUTION	Public Health Service (DHHS), Rockville, MD. Office of Disease Prevention and Health Promotion.
PUB DATE	[92]
NOTE	37p.; For related document, see SP 035 003.
AVAILABLE FROM	U.S. Government Printing Office, Superintendent of Documents, Mail Stop: SSOP, Washington, DC 20402-9328.
PUB TYPE	Reports - Research/Technical (143)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	Adults; *Employer Attitudes; Fringe Benefits; *Health Activities; Health Facilities; *Health Promotion; *Industry; Mental Health Programs; National Surveys; Physical Fitness; Policy Formation; Private Sector
IDENTIFIERS	*Healthy People 2000; Public Health Service

ABSTRACT

The survey reported in this document examined worksite health promotion and disease prevention activities in 1,507 private worksites in the United States. Specifically, the survey assessed policies, practices, services, facilities, information, and activities sponsored by employers to improve the health of their employees, and assessed health promotion activities sponsored by a random sample of worksites with 50 or more employees. The survey was designed to describe characteristics of worksite health promotion activities in the private sector, to measure the level of change in worksite health promotion activity since baseline data was obtained from a 1985 survey, and to track worksite-related activities within the context of "Healthy People 2000: National Health Promotion and Disease Prevention Objectives." The main body of the report presents highlights of the survey by subject areas such as: high blood pressure, cholesterol, cancer, sexually transmitted diseases, smoking control, physical fitness, nutrition, weight control, prenatal education, mental health and stress management, alcohol and other drugs, program administration and support, incentives, and benefits and evaluation. An outline of the survey is appended. (LL)

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ED 373 022

1992 National Survey of WORKS HEALTH PROMOTION ACTIVITIES

SUMMARY

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service

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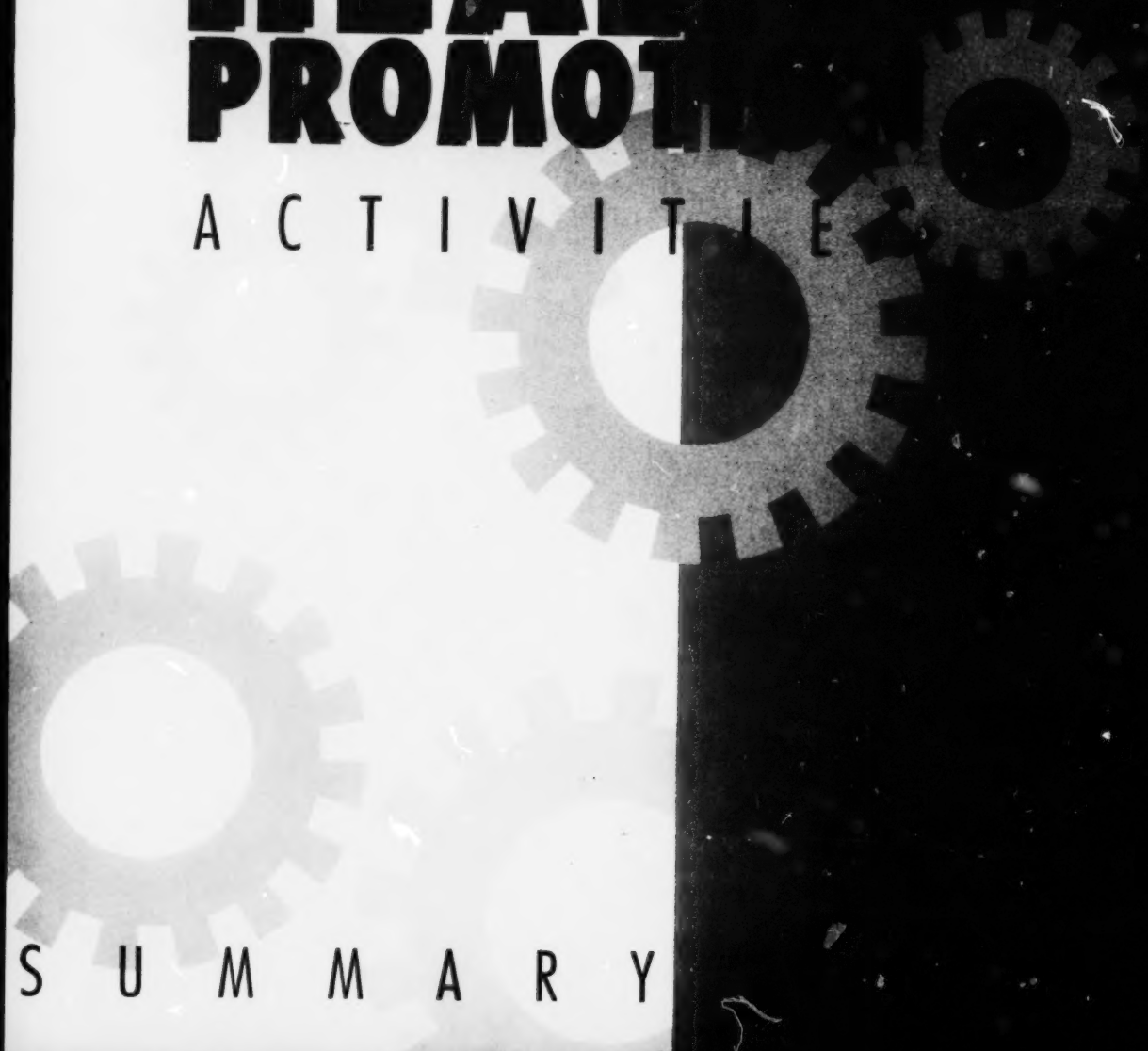

SUMMARY

FOREWORD

On behalf of the National Coordinating Committee on Worksite Health Promotion (NCCWHP) I am pleased to share with you the results of the 1992 National Survey of Worksite Health Promotion Activities. This survey was conducted to measure the growth of worksite health promotion activities since the first national survey in 1985. A major focus of the survey was to assess progress toward achievement of the worksite objectives in *Healthy People 2000: National Health Promotion and Disease Prevention Objectives*, the Nation's prevention agenda.

The survey results reflect an overall commitment of employers to employee health. Specifically, they demonstrate an increase in worksite health promotion activities since 1985, as well as substantial progress toward achievement of many worksite-related health objectives. Though significant progress has been made, there is still much to be done. For example, the NCCWHP—convened to address policy, research, and program issues influencing employer involvement in worksite health promotion activities—has identified the need to formulate strategies for addressing issues specific to small worksites, particularly those with fewer than 50 employees. Likewise, there is still a need for improved information about employee participation and measured improvements in employee health.

The work that lies ahead will be the shared responsibility of all of us—management, unions, employee groups, employees, health promotion professionals, and government. I challenge each of you to help expand the opportunities for good health by continuing to work towards universal worksite health promotion, and I congratulate each of you for the progress that has already been made.

J. Michael McGinnis, M.D.
Deputy Assistant Secretary for Health
Director, Office of Disease Prevention and Health Promotion

Acknowledgments

The Final Report of the 1992 National Survey of Worksite Health Promotion Activities represents a collaborative effort on the part of many dedicated individuals from both the public and private sectors. Representatives from the originating agency, contract staff, and the project's Advisory Board are acknowledged for their contributions to the successful completion of this project.

Lisa Kanner of the Office of Disease Prevention and Health Promotion, Public Health Service, U.S. Department of Health and Human Services, served as project officer for the study. Christina Wypijewski and James Harrell, also of the Office of Disease Prevention and Health Promotion, were key in providing technical and editorial assistance to the project.

The Office of Disease Prevention and Health Promotion contracted with Prospect Associates to design the survey as well as to analyze and report survey results. Marcia Carlyn, Ph.D., and Janet Greenblatt served as project managers. Other members of the Prospect Associates team included Laura Biesiadecki, Mark Sussman, and Erin Blondell. Response Analysis Corporation (RAC) served as a subcontractor on the project. Mary Kilkenny served as subcontract manager, and Lynne Firester served as sampling statistician. Other members of the RAC team included Linda Russell and Robert Benford. RAC worked with Prospect Associates on the design of the survey and administered the Computer-Assisted Telephone Interviewing (CATI) system.

Members of the 1992 National Survey of Worksite Health Promotion Activities Advisory Board were instrumental in providing guidance in questionnaire design, reviewing survey results, interpreting findings, and critiquing the Final Report, Summary Report, and Technical Appendix. Their thoughtful comments, useful suggestions, and expertise in worksite health promotion contributed greatly to the quality of the survey methodology and the presentation of research findings. A list of the names and affiliations of the Advisory Board members is provided on the following page.

Members of the Federal Interagency Committee on Worksite Health Promotion and staff from the National Center for Health Statistics and the Office of Health Planning and Evaluation within the Office of the Assistant Secretary for Health, U.S. Public Health Service, provided ongoing review and guidance. Their assistance is greatly appreciated.

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Copies of the Final Report, Technical Appendix, and data diskette may be obtained from the National Technical Information Service (NTIS). For information, call the NTIS sales office (703) 487-4650 and request PB93-500023 (Final Report, Technical Appendix, Diskette) or PB93-100204 (Final Report and Technical Appendix only). Additional copies of the Summary Report may be obtained from the U.S. Government Printing Office.

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EXECUTIVE SUMMARY

Interest in worksite health promotion and disease prevention has grown in the past decade, fueled in part by the increased science base supporting the role of prevention in reducing premature death and disability. Of interest to employers is the potential for worksite health promotion and disease prevention efforts to help contain health care costs while improving productivity and morale and reducing absenteeism and employee turnover. Since the early 1980s, the Federal Government has increased the level of resources devoted to worksite health promotion initiatives in both the public and private sectors. The U.S. Public Health Service, for example, has played a principal role in stimulating and coordinating projects and programs to develop model worksite interventions, develop policies, and document examples of successful worksite programs.

In 1985, the Office of Disease Prevention and Health Promotion, Public Health Service, funded a national survey to determine the degree of health promotion activities in the private sector. The study showed that the worksite was being used as a site for health promotion and provided baseline and tracking data to monitor national health objectives.

The subsequent 1992 National Survey of Worksite Health Promotion Activities, described in this report, examined worksite health promotion and disease prevention activities in 1,507 private worksites in the United States. Specifically, the survey assessed the policies, practices, services and facilities, information, and activities sponsored by employers to improve the health of their employees, dependents, and retirees.

A major focus of the survey effort was to assess the growth of worksite health promotion since the first national survey in 1985 and to document progress toward achievement of the worksite objectives in *Healthy People 2000: National Health Promotion and Disease Prevention Objectives*. The 1992 survey assessed health promotion activities sponsored by worksites with 50 or more employees and across a range of industries, including manufacturing, wholesale/retail, services, finance/insurance/real estate, transportation/communications/utilities, and agriculture/mining/construction. Worksites surveyed represent a geographically dispersed, statistically valid, random sample within the United States.

Respondents were queried about their worksite's health promotion efforts in four main approaches: worksite policies, health-related screenings (including referral and followup), information or activities (including individual counseling, group classes, workshops, lectures, special events, and resource materials such as publications and videos), and facilities and services (including fitness facilities and vending machines). Where applicable, detailed questions on activities unique to a specific subject area were asked, such as fitness testing or special telephone hotlines to answer medical questions.

The survey also assessed various aspects of health promotion program administration including program coordination, budget, incentives, and payment. In an attempt to quantify both formal and informal evaluation efforts, the 1992 survey also included questions about the benefits of health promotion activities as well as whether and how these benefits are documented. A total of 18 health promotion and disease prevention subject areas were covered in the 1992 survey, compared with 9 in 1985.

Overall, the 1992 survey results reveal an increase in worksite health promotion activities since 1985 and substantial progress toward achievement of many worksite-related health objectives for the year 2000. Excluding worksites whose only health promotion activity was a formal smoking policy and using comparable categories of activities surveyed in 1985, the 1992 survey found that 81 percent of worksites offer at least one health promotion activity compared with 66 percent in 1985. Of particular note was the increase in worksite nutrition,

weight control, physical fitness, high blood pressure, and stress management activities from 1985 to 1992. Physical activity and fitness activities showed the most impressive gains, exceeding the goals for worksite fitness activities in every worksite size category.

Fewer worksites offer information and activities on off-the-job accidents than in 1985; back care activities remained about the same. Although the percentage of companies offering smoking cessation activities also remained about the same, there has been a substantial increase since 1985 in the number of worksites with formal policies that prohibit or severely restrict smoking at the workplace.

Worksite efforts to provide information and activities for employees on the topics of alcohol and other drugs, AIDS and sexually transmitted disease, mental health concerns (such as depression), cholesterol, cancer, medical self-care, prenatal care, and job hazard and injury prevention were included in the 1992 survey. Prevalence rates for offering workers information or activities to address these categories were all under 40 percent with one exception: 64 percent of worksites offered information or activities on job hazards and injury prevention.

The survey offered insight into several practices used by employers to encourage employee participation in worksite health promotion activities. Seventy-two percent of worksites allow employees to use official company time to participate in health promotion activities; 45 percent allow the use of flex-time. Several types of financial incentives are used by employers to encourage healthy practices, including flexible spending accounts (31 percent), risk-rated health insurance premiums based on smoking status (12 percent), seatbelt use (5 percent), and participation in weight loss classes (4 percent). Eight percent of worksites provide annual fixed reimbursement for expenses incurred by employees for certain types of health promotion activities, and several offer subsidized discounts or reduced fees for participation in community-based programs such as smoking cessation (16 percent), exercise or recreation clubs (13 percent), and weight loss classes (8 percent).

The survey results indicate that worksite size is a strong indicator of the quantity and type of health promotion activities offered. Worksites with 750 or more employees consistently offer a greater proportion of worksite health promotion activities and information when compared with smaller worksites. Although not as strong an indicator as worksite size, industry classification also is related to worksite health promotion. When compared with other industries, a greater percentage of worksites in the services industry and transportation/communications/utilities industry provide health promotion information and activities in high blood pressure control, exercise and physical fitness, AIDS education, and stress management. Worksites that are fully or partially self-insured are more likely to offer health promotion activities. Conversely, geographic comparison revealed little or no variation among worksites in different areas of the country.

Some interesting decreases in health promotion activity occurred since 1985. Although the proportion of worksites offering information or activities has increased since 1985, fewer worksites are extending eligibility for health promotion services to retired employees and employees' dependents. In addition, while more worksites offer health screening activities than in 1985, fewer are paying the entire cost of the screening activities. It should be noted that neither the 1985 or 1992 surveys assessed health promotion and disease prevention activities covered by employee benefits plans, where coverage for preventive services may be increasing. This could account for the decrease in both payment and provision of worksite screenings reported in the 1992 survey. Finally, fewer worksites have written goals and objectives for worksite health promotion in 1992 than in 1985.

Research Recommendations

The 1992 National Survey of Worksite Health Promotion Activities presents a descriptive bivariate analysis of current employee worksite health promotion efforts. Program managers, researchers, policymakers, and academicians are encouraged to use the data to conduct further analyses to address the many research questions that remain. The following observations are offered to help guide future research:

- A lack of consensus among worksite health promotion researchers regarding the definitions of specific health promotion programs and activities presents a major barrier to effective data collection and analysis. Process and subject definitions must be universally recognized and understood by employers to enable respondents to accurately answer questions.
- The relationship between worksite health promotion and health protection must be clearly defined to avoid misrepresenting mandatory occupational health and safety activities as health promotion activities. The differences between a worker health and safety program and an employee health promotion program need to be defined.
- Survey pretest efforts revealed that most employers did not maintain records of employee participation in health promotion activities. Hence, overall participation rates for various populations, including high-risk groups, could not be investigated.

The 1992 survey provides a comprehensive set of data that should be analyzed in depth. For example, the data set could be used to investigate the following research and program areas:

- The impact of worksite policies on program activities: Are worksites that prohibit or severely restrict smoking more likely to offer smoking cessation activities or to reward nonsmoking employees?
- The relationship between employee assistance programs (EAPs) and health promotion activities: Are worksites with employee assistance programs providing a broader array of health promotion activities than worksites without EAPs?
- The relationship between worksite demographics and health promotion: Are employee age, unionization, or salary status related to health promotion activity?
- The insurance status of a worksite and certain types of activities: Are fully self-insured worksites more likely than worksites with other insurance arrangements to provide information and activities on medical self-care, for example?
- The relationship between health promotion policies/activities and outcomes: How strong is the documentation that health promotion is having an impact on employee or organizational health, and what is that impact?

Although not directly applicable to this survey, further study of Government regulations and initiatives, consumer movements in the creation of national prevention initiatives, and their relationship to worksite programs is warranted. The 1992 National Survey of Worksite Health Promotion Activities can be used to analyze trends in the private and public sectors and serve to generate increased interest and support for worksite-based prevention efforts in the future.

INTRODUCTION

Interest in worksite health promotion and disease prevention has grown in the past decade, fueled in part by the increased science base supporting the role of prevention in reducing premature death and disability. Employers are interested in the potential for worksite health promotion and disease prevention efforts to help contain health care costs while improving productivity and morale and reducing absenteeism and employee turnover.

Since the early 1980s, the Federal Government has increased the level of resources devoted to worksite health promotion initiatives in both the public and private sectors. The Office of Disease Prevention and Health Promotion (ODPHP) of the U.S. Public Health Service (PHS), Department of Health and Human Services, has played a principal role in stimulating and coordinating efforts in both sectors to reduce the risk of disease and early death and to promote good health.

The ODPHP funded a national survey in 1985 to assess the level of integration of health promotion activities in private worksites with 50 or more employees. In 1992, ODPHP commissioned a second national survey to quantify and characterize evolving trends in the nature and extent of worksite health promotion programs since the 1985 study and, in some cases, to establish baseline data points for national health objectives.

The 1992 National Survey of Worksite Health Promotion Activities was designed around four main study objectives:

- To describe characteristics of worksite health promotion activities in the private sector.
- To measure the level of change in worksite health promotion activity since 1985 and track several of the worksite-related objectives in *Healthy People 2000: National Health Promotion and Disease Prevention Objectives*.
- To compare worksite health promotion activity across industries and by worksite size.
- To describe aspects of worksite health promotion administration, evaluation, and benefits.

A total of 1,507 worksites with 50 or more employees were surveyed in the winter and spring of 1992, representing a broad demographic range with variations in age of employees, union representation, and employment status (i.e., hourly versus salaried). Specifically, worksites in this survey have the following workforce characteristics:

- In 52 percent of worksites, fewer than one-half of the employees are under age 30.
- 82 percent report no union representation.
- 7 percent report that all employees are salaried.
- In 83 percent of worksites, fewer than 25 percent of the employees work more than one-half of their hours away from the worksite.
- 97 percent offer a health insurance plan to employees.
- 28 percent are fully self-insured.
- 29 percent downsized in the past 12 months.
- 44 percent were moderately or very profitable in the past 12 months.
- In a majority (87 percent) of worksites, more than one-half of the employees work full time.

The survey obtained national estimates across 18 health promotion subject areas, ranging from cancer to back care, and included questions on efforts by employers to promote and protect the health of employees, dependents, and retirees. Respondents were asked to base their answers on activities conducted during the past 12 months.

In the survey questionnaire, a range of worksite efforts were classified under four main areas, which are presented below with the health promotion topics covered in each.

Policies: smoking, alcohol and other drugs, AIDS/HIV infection.

Screenings: health risk/health status, cancer, high blood pressure, cholesterol.

Information or Activities (e.g., individual counseling, group classes, workshops, lectures, special events; resource materials such as posters, brochures, pamphlets, videos): cancer, high blood pressure, cholesterol, smoking, exercise and fitness, nutrition, weight control, prenatal care, medical self-care, mental health, stress management, alcohol and other drugs, AIDS/HIV infection, sexually transmitted diseases, job hazards and injury prevention, back care, off-the-job accidents.

Facilities/Services: nutrition, physical fitness, alcohol and other drugs, stress management.

In addition to exploring health promotion activities, facilities, policies, and services, an attempt was made to assess how worksites administer and evaluate health promotion activities. For example, worksites were questioned about activity coordination, budgets, participation incentives, goals and objectives, and reasons for initiating activities.

The survey did not assess health promotion or disease prevention activities included in employee health benefits plans or as part of mandatory programs implemented in compliance with the Occupational Safety and Health Administration (OSHA) standards.

METHODOLOGY

The 1992 National Survey of Worksite Health Promotion Activities collected data on private worksites within the continental United States. A worksite was defined as the organizational entity comprising of 50 or more employees working at a particular geographical location. A total of 1,507 worksites were surveyed by telephone, representing 74 percent of eligible worksites.

The survey sample was drawn from the Dun & Bradstreet list of businesses and classified according to Standard Industrial Classification codes and the number of employees at each worksite. Worksites surveyed were categorized according to six industry and four size categories:

Industry Strata

- Manufacturing
- Wholesale/Retail
- Services
- Transportation/Communications/Utilities
- Finance/Insurance/Real Estate
- Agriculture/Mining/Construction

Size Strata

- Small (50 to 99 employees)
- Medium (100 to 249 employees)
- Large (250 to 749 employees)
- Extra-Large (750+ employees)

The sample covered all geographic regions of the country (excluding Hawaii and Alaska). Excluded from the survey were public worksites, including Federal, State, and local government. Prospect Associates and Response Analysis Corporation served as contractor and subcontractor, respectively.

The survey instrument was pretested in late 1991 and received Office of Management and Budget clearance in early 1992. One pretest and one pilot test were conducted before fielding the survey in the winter and spring of 1992. The instrument included questions on worksite demographics, program administration, benefits and results, and health promotion activities corresponding to the broad approaches in *Healthy People 2000: National Health Promotion and Disease Prevention Objectives*: Preventive Services, Health Promotion, and Health Protection. Questions covered policies, screenings, information or activities, and services or

facilities within each subject area. A typical question format was, "During the past 12 months, did your worksite offer cholesterol screenings to any employees?"

Potential respondents received a letter of invitation from the Deputy Assistant Secretary for Health of the U.S. PHS and a survey description. Several quality-control measures were taken, including 2 days of training for interviewers and remote monitoring during the actual interviews. The average interview length was 29 minutes. A complete discussion of the survey methodology can be found in the Technical Appendix.

As noted above, the results reported in this document are based on interviews conducted among a random sample of private worksites with 50 or more employees at that worksite and located in the 48 contiguous United States. As such, the results of these interviews (as reported in this and related documents) *only apply* to the target audience defined as: **private worksites located in the continental United states with 50 or more employees**.

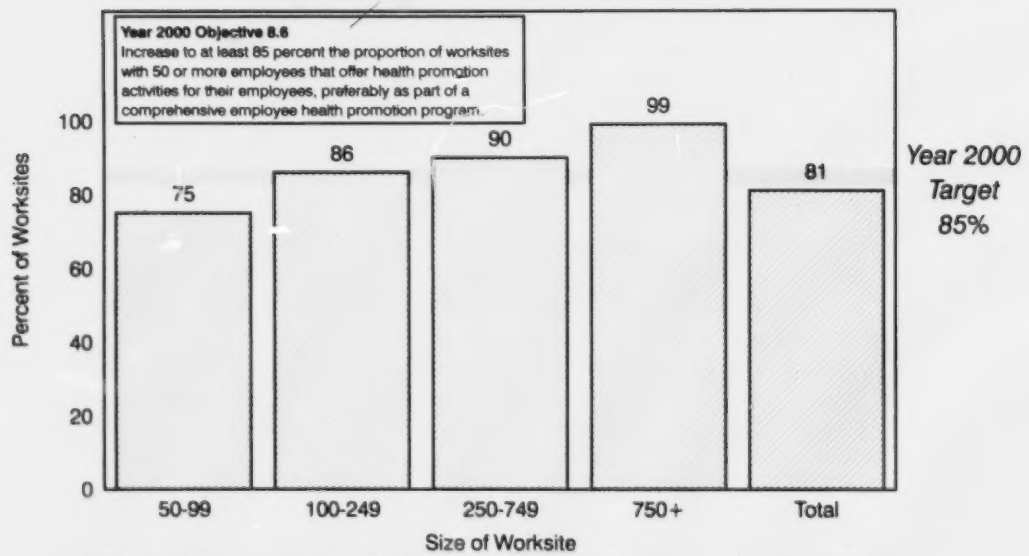
To ease the reader's burden, the single word "worksites" is used in the course of this report as a representation of the target audience. Application and/or projection of these results to any worksites outside of this target audience would be fallacious and should be avoided.

Percentages contained in the body of this report are reported as whole numbers, while percentages in the tables are reported to one decimal place. For consistency, any number with five (5) in the tenths place was rounded to the nearest even, whole number.

GENERAL RESULTS

Overall, the 1992 survey shows an increase in worksite health promotion activities since 1985. Excluding worksites whose only activity is a formal smoking policy and using categories comparable with the 1985 survey, 81 percent of private worksites with 50 or more employees offer health promotion activities compared with 66 percent in 1985 (see Figure 1).

Figure 1
Percent of worksites with 50 or more employees with at least one health promotion activity,* 1992

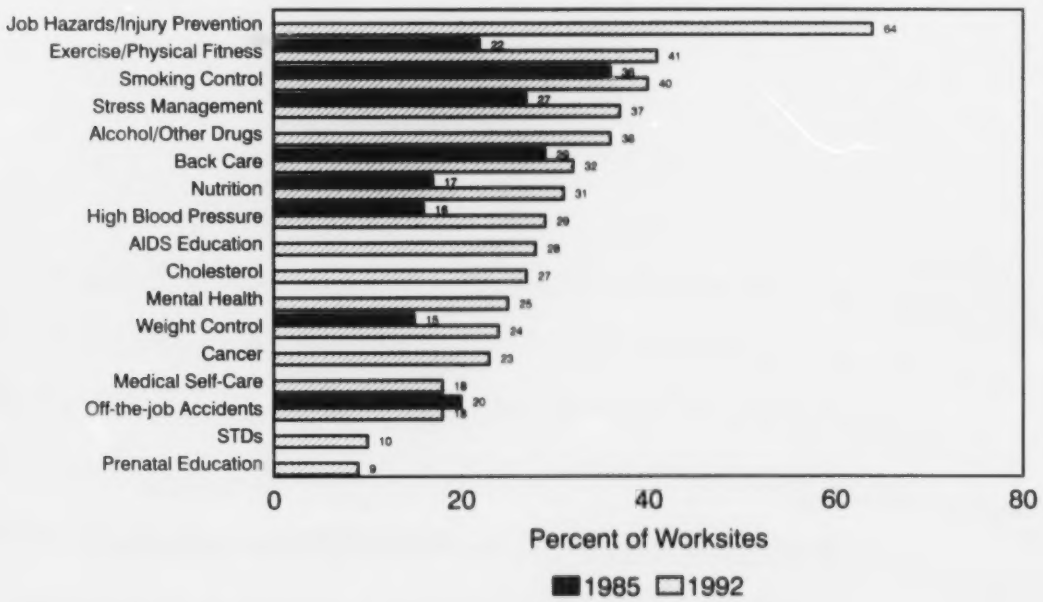


*Includes a health risk questionnaire; physical exams; indoor/outdoor exercise facilities; blood pressure, cholesterol, or cancer screenings; information or activities concerning blood pressure, smoking, exercise/fitness, nutrition, weight control, stress management, back care, or off-the-job accidents.

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

Figure 2, below, shows the prevalence of worksites* with information or activities in 17 of the 18 subject areas in 1992 and comparisons with 1985 in eight areas. Particularly notable is the solid increase in worksite nutrition, weight control, physical fitness, high blood pressure, and stress management information or activities from 1985 to 1992. Fewer worksites offer information or activities on off-the-job accidents than in 1985, and education on back care and smoking cessation remained about the same.

Figure 2
Health promotion information or activities offered by subject, 1985 and 1992



Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

Healthy People 2000: National Health Promotion and Disease Prevention Objectives sets measurable targets for worksites for the decade, including objectives for increasing policies on smoking and alcohol and drugs; increasing activities in physical activity and fitness, nutrition and weight control, stress management, back care, blood pressure, and cholesterol; and using occupant protection systems during work-related travel.

Table A shows the substantial progress toward achievement of the worksite objectives that has been made, particularly in the areas of physical fitness and smoking policies. Specifically, there has been a 118 percent increase in the number of worksites with formal policies that prohibit or severely restrict smoking at the workplace.

*The term "worksites" as used here and throughout the text of this document refers to "private worksites located in the continental United States with 50 or more employees." See the Methodology section for more details.

Table A
Summary of Progress Toward the Year 2000 Objectives

Year 2000 Objective	1985	1992	Year 2000 Target
Health Promotion Activities	66%	81%	85%
High Blood Pressure and/or Cholesterol Education	17%	35%	50%
Formal Smoking Policy	27%	59%	75%
Physical Activity and Fitness for Worksites With:			
50 to 99 employees	14%	33%	20%
100 to 249 employees	23%	47%	35%
250 to 749 employees	32%	66%	50%
750 or more employees	54%	83%	80%
Nutrition Education and/or Weight Control	Joint Data Point Not Available	37%	50%
Stress Management	27%	37%	40%
Alcohol and Drug Policies	Not Available	87%	60%
Occupant Protection Systems	Not Available	82%	75%
Back Injury Prevention and Rehabilitation	29%	32%	50%

Overall, worksite size is a strong indicator of health promotion activity. Worksites* with more than 750 employees are more likely to offer worksite health promotion activities than are smaller worksites. Size is related directly to activity level in all areas except back care and job hazard and injury prevention.

A greater percentage of fully or partially self-insured worksites offer health promotion activities. Self-insured worksites also are the larger worksites; 56 percent of worksites with 750 or more employees are self-insured compared with 22 percent of worksites with 50 to 99 employees.

Although not as strong an indicator as worksite size, industry classification also is related to worksite health promotion activity. A greater proportion of worksites in the services industry and transportation/communications/utilities industry offer health status/health risk questionnaires and screenings as well as information or activities than worksites in other industries.

Worksites with some degree of union representation also are more likely to offer health promotion activity than nonunion worksites, particularly in the areas of alcohol and other drugs, job hazard and injury prevention, back care, and off-the-job accidents.

There are no notable differences in health promotion activity between worksites that have downsized or increased their workforce in the past 12 months compared with those that remained the same size. Nor are there any notable variations among the four regions of the country.

*See footnote page 4.

Health promotion activities are available to all employees in 90 percent of worksites with 50 or more employees, to spouses and dependents in 22 percent, and to retirees in 16 percent. In 1985, the pattern was 85 percent, 30 percent, and 30 percent, respectively.

The following sections present highlights of the 1992 National Survey of Worksite Health Promotion Activities by subject area. Where applicable, comparisons are made with the 1985 data.

SELECTED PREVENTIVE SERVICES

The 1992 survey assessed worksite provision of several preventive services, including health risk/health status assessments, immunizations, screenings (including referral and followup), and individual counseling. Reported below is a summary of health risk/health status assessments and immunizations. Data on specific screenings and counseling activities presented by subject area follow.

There has been an overall increase in preventive services offered by worksites* since 1985. Fifty-two percent of worksites offer activities to measure employee health status/health risk, compared with 30 percent in 1985. Specifically:

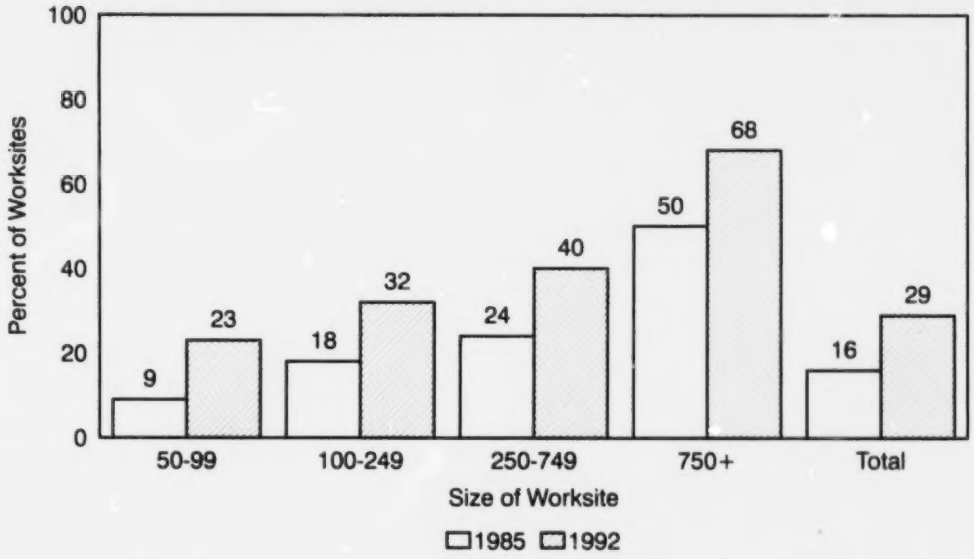
- 32 percent offer periodic health or physical exams.
- 14 percent offer questionnaires to measure employee health status.
- 16 percent offer blood sugar tests.
- 32 percent offer blood pressure screening.
- 20 percent offer cholesterol screening.
- 12 percent offer cancer screening.

Additionally, 24 percent of worksites offer immunizations such as flu shots to employees. Immunizations were not surveyed in 1985.

A greater proportion of worksites in the transportation/communications/utilities industry offer periodic health examinations and blood sugar tests when compared with other industries. Forty-one percent of worksites in the services industry offer immunizations.

*See footnote page 4.

Figure 3
Percent of private worksites with 50 or more employees offering information or activities concerning high blood pressure control by size, 1985 and 1992



Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

HIGH BLOOD PRESSURE

Worksite efforts to help employees prevent or control high blood pressure include screenings, referral, and followup, as well as various types of information and activities to increase knowledge and awareness.

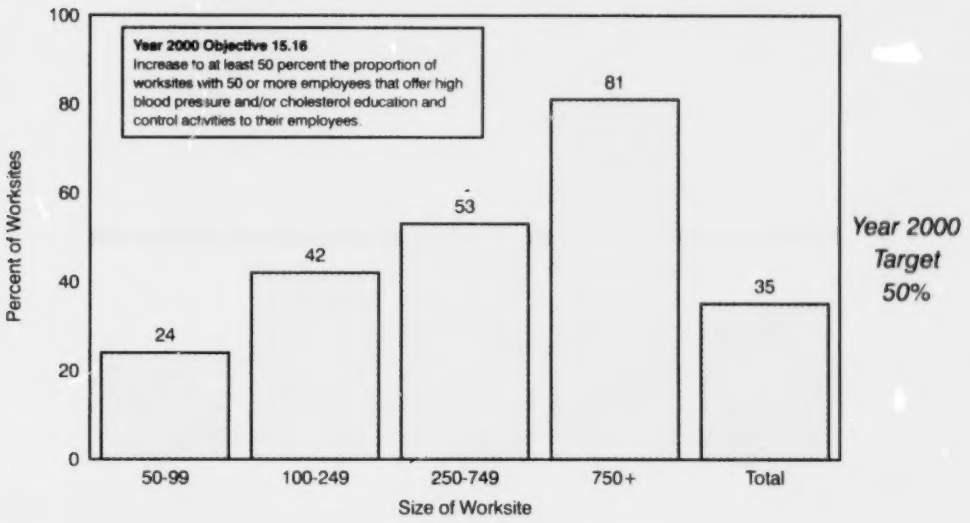
As reported earlier, 32 percent of worksites* offer blood pressure screenings for employees, with a much lower percentage (22 percent) of worksites in the smallest size category offering screenings than in the largest size category (78 percent).

Of worksites offering hypertension screenings, 72 percent refer individuals with elevated blood pressure readings to a physician. Nearly 4 out of 10 worksites (39 percent) offer followup services or track these employees. Nearly one-quarter of all worksites have a blood pressure machine available for employee use.

There has been a 13 percentage point increase in worksites offering high blood pressure information or activities since 1985 (see Figure 3). Growth among the smallest worksites (50 to 99 employees) was particularly impressive, with 9 percent offering information and activities in 1985 compared with 23 percent in 1992. Three times as many worksites in the 750 or more size category offer information or activities than worksites with 50 to 99 employees. As in 1985, information is the most common form of intervention provided on high blood pressure. Of worksites offering information or activities, 94 percent offer resource materials; 37 percent offer group classes, workshops, lectures, or special events; and 26 percent offer individual counseling.

*See footnote page 4.

Figure 4
Percent of worksites with 50 or more employees offering high blood pressure and/or cholesterol education and control activities by size, 1992



Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

CHOLESTEROL

Worksite health promotion activities can help directly (through screening and education activities) and indirectly (through nutrition and weight loss activities) to increase employee awareness of cholesterol as a risk factor for cardiovascular disease.

Twenty percent of worksites* offer cholesterol screening. Among worksites with 750 or more employees, 71 percent offer cholesterol screenings compared with 10 percent of worksites with 50 to 99 employees.

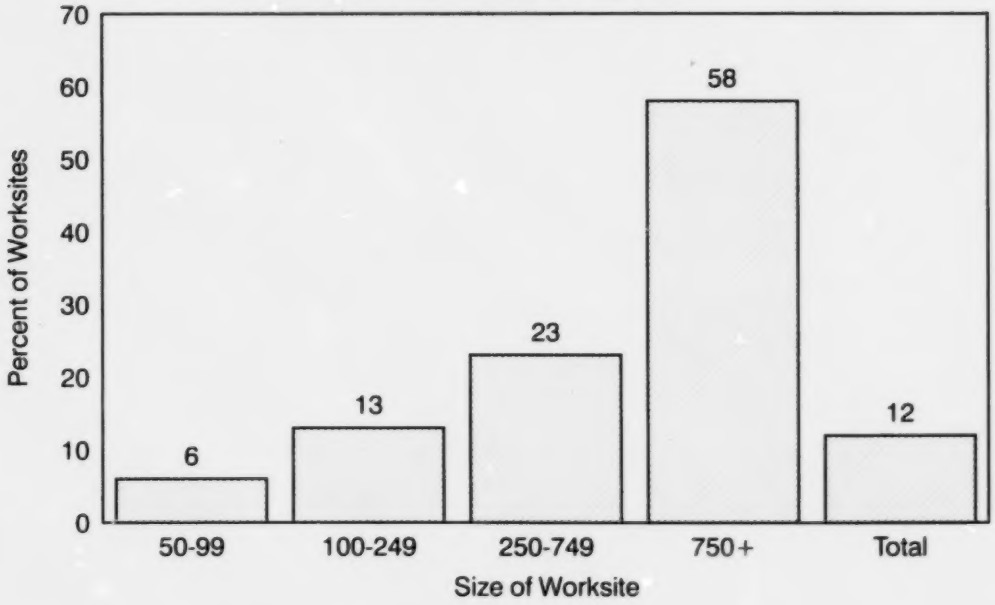
Among the worksites offering cholesterol screenings, 72 percent refer individuals with elevated cholesterol readings to a physician; 28 percent offer followup or tracking of these individuals. Again, the largest worksites are almost three times as likely to offer followup or tracking of individuals.

Approximately one-quarter (27 percent) offer information or activities in the area of cholesterol. Of these, 95 percent offer resource materials; 36 percent offer group classes, workshops, lectures, or special events; and 22 percent offer individual counseling.

As seen in Figure 4, worksites are 15 percentage points from achieving the year 2000 target for cholesterol and high blood pressure activities.

*See footnote page 4.

Figure 5
Percent of private worksites with 50 or more employees offering cancer screenings by size, 1992



Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

CANCER

Worksites provide cancer screenings as well as education about lifestyle behaviors and environmental factors related to cancer. Such activities promote early detection and intervention, which can reduce mortality from certain cancers significantly.

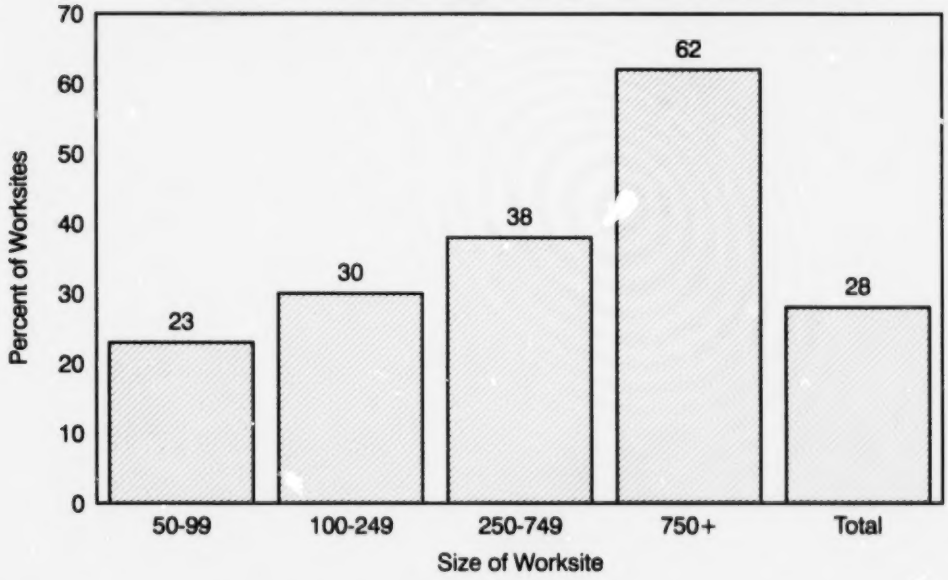
Overall, the proportion of worksites* offering some type of cancer screening tripled from about 4 percent in 1985 to 12 percent in 1992. The most common cancer screenings offered by worksites are mammograms, followed by tests for blood in stool and breast exams by medical personnel. Worksites also offer Pap smears and skin cancer and colon/rectal/prostate cancer exams. Of those worksites that offer cancer screenings, 60 percent refer individuals with positive results to a physician, and 30 percent offer followup or tracking services. Worksites representing the manufacturing industry and services industry are more likely than worksites in the other industry categories to refer individuals with positive screening results to a physician.

Nearly one-quarter (23 percent) of worksites offer cancer-related information or activities. Of those providing information or activities, 97 percent provide resource materials; 36 percent provide group classes, workshops, lectures, or special events; 13 percent provide individual counseling; and 31 percent teach women how to conduct breast self-examinations.

Figure 5 shows that a much greater proportion of larger worksites offer cancer screenings compared with smaller worksites.

*See footnote page 4.

Figure 6
Percent of private worksites with 50 or more employees offering information or activities concerning AIDS education by size, 1992



Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

HIV INFECTION AND SEXUALLY TRANSMITTED DISEASES

Worksite efforts related to HIV infection and sexually transmitted diseases include education, screening, and medical services. Worksites also may need to address issues of confidentiality. Twenty-two percent of worksites* have a formal AIDS policy or a formal life-threatening disease policy that includes AIDS. A greater percentage of worksites in the services industry have a formal AIDS policy when compared with other industries as shown below:

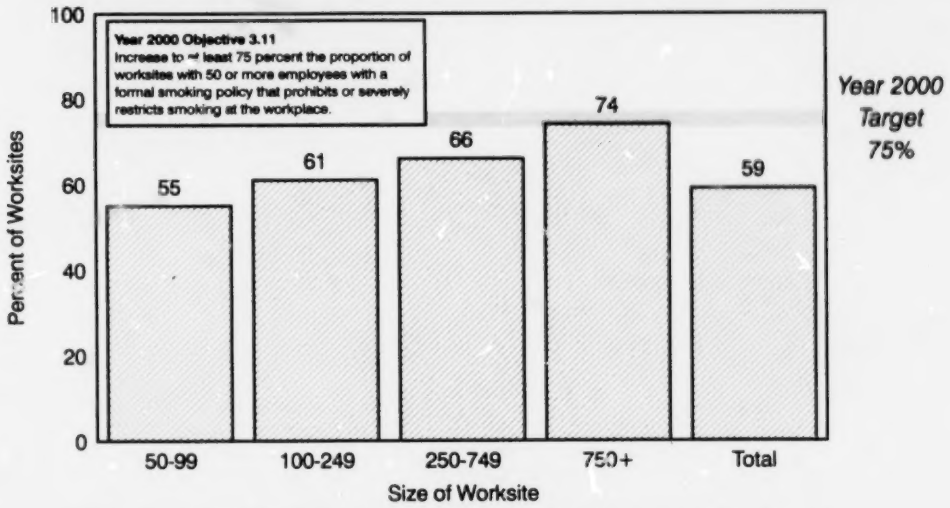
- 36 percent of worksites in the services industry.
- 25 percent of worksites in the finance/insurance/real estate industry.
- 22 percent of worksites in the transportation/communications/utilities industry.
- 14 percent of worksites in the wholesale/retail industry.
- 12 percent of worksites in the manufacturing industry.
- 10 percent of worksites in the agriculture/mining/construction industry.

Nearly 30 percent of worksites offer information or activities related to AIDS education, and 10 percent of worksites offer information or activities related to sexually transmitted diseases. Of those worksites providing AIDS-related information or activities, 94 percent offer resource materials such as posters, brochures, pamphlets, or videos, 62 percent offer group classes, workshops, lectures, or special events; and 22 percent offer individual counseling.

Figure 6 shows that the provision of AIDS education increases as the size of the worksite increases.

*See footnote page 4.

Figure 7
Percent of worksites with 50 or more employees with a formal smoking policy that prohibits or severely restricts* smoking at the workplace by size, 1992



*Defined by the Office of Smoking and Health, Centers for Disease Control, as a policy that does not allow smoking anywhere inside the workplace or that does not allow smoking anywhere inside except in separately ventilated smoking areas.

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

SMOKING CONTROL

Cigarette smoking accounts for about 390,000 deaths annually, including 21 percent of all coronary heart disease deaths, 87 percent of lung cancer deaths, and 30 percent of all cancer deaths. Thirty-one states have enacted legislation restricting smoking in public workplaces, and 13 states have implemented legislation restricting smoking in private sector worksites.

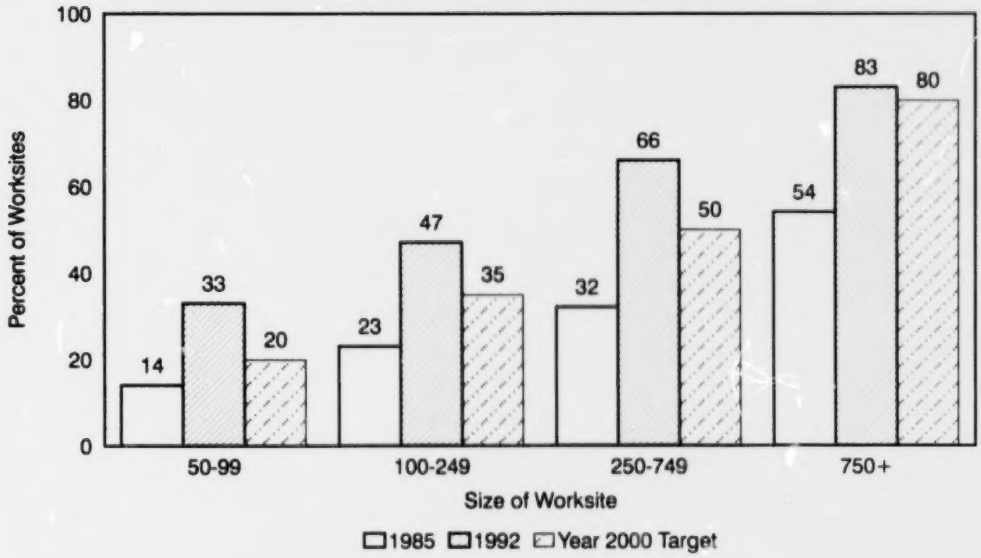
A formal smoking policy that prohibits or severely restricts smoking at the workplace is one that does not allow smoking anywhere inside the workplace or which only allows smoking in separately ventilated smoking areas. The proportion of worksites* that have a formal smoking policy increased from 27 percent in 1985 to 59 percent in 1992. Specifically, 34 percent of worksites do not allow smoking anywhere inside, and 25 percent only allow smoking in a separately ventilated area. Twenty-eight percent of worksites only allow smoking in designated smoking areas without separate ventilation.

Most worksites implement policies voluntarily, with only a small percentage implementing policies as a result of state or local legislation. Forty percent of worksites offer information or activities to help employees stop smoking. Of these worksites, 91 percent offer resource materials such as posters, brochures, pamphlets, or videos; 56 percent offer group classes, workshops, lectures, or special events; and 23 percent offer individual counseling.

As seen in Figure 7, worksites are just 16 percentage points from achieving the year 2000 objective.

*See footnote page 4.

Figure 8
Percent of private worksites with 50 or more employees offering exercise or fitness program by size, 1985, 1992, Year 2000 target



Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

PHYSICAL ACTIVITY AND FITNESS

Regular physical activity can help to prevent and manage coronary heart disease, hypertension, noninsulin-dependent diabetes mellitus, osteoporosis, obesity, and mental health problems. Worksites enhance employee participation in physical activity by providing information, incentives, and access to onsite equipment and facilities.

Activities to promote exercise and fitness at the worksite include offering facilities and equipment, information, group activities, testing, and counseling. In addition, recreational programs are provided as a form of promoting physical activity and fitness.

Table B presents the percentage of worksites* offering a wide range of activities. For every category, the proportion of worksites offering any activity increases with size. There are no notable variations among different industries. Of the worksites with any type of exercise facility, only 10 percent charge employees for using the facility.

*See footnote page 4.

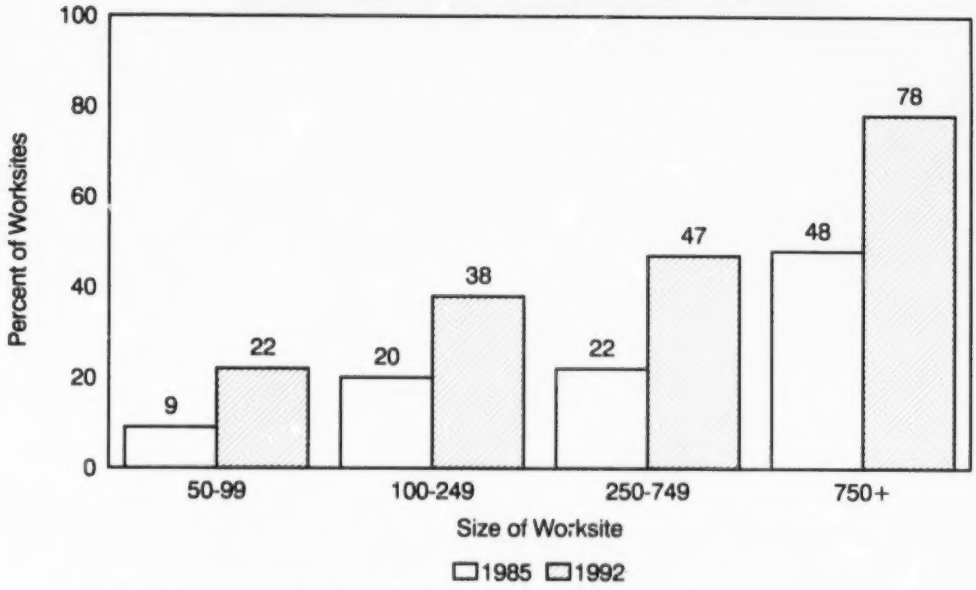
Table B
Percent of Private Worksites With 50 or More Employees That Offer Facilities, Information, or Activities To Promote Exercise and Physical Fitness, 1992

Physical Activity and Fitness			
Offer:		Offer information or activities to promote exercise or physical fitness	41%
Locker room with showers	24%	Of those that offer information or activities:	
Indoor area for exercise and physical fitness activities	12%	■ Fitness evaluation/testing	20%
Aerobic exercise equipment	10%	■ Individual counseling	22%
Strength training equipment	9%	■ Group classes, workshops, lectures, special events	52%
Outdoor facilities	9%	■ Recreational programs	61%
		■ Formal fitness challenges/campaigns	32%
Of those that offer any of above:		■ Resource materials	72%
■ Employees are charged to use exercise facilities	10%		

The proportion of worksites* offering activities to promote exercise and fitness has increased from 22 percent in 1985 to 42 percent in 1992. The targets for the year 2000 were established by size category and are presented in Figure 8. Worksites have exceeded the physical activity and fitness objectives in every size category.

*See footnote page 4.

Figure 9
Percent of private worksites with 50 or more employees offering nutrition education activities by size, 1985 and 1992



Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

NUTRITION EDUCATION

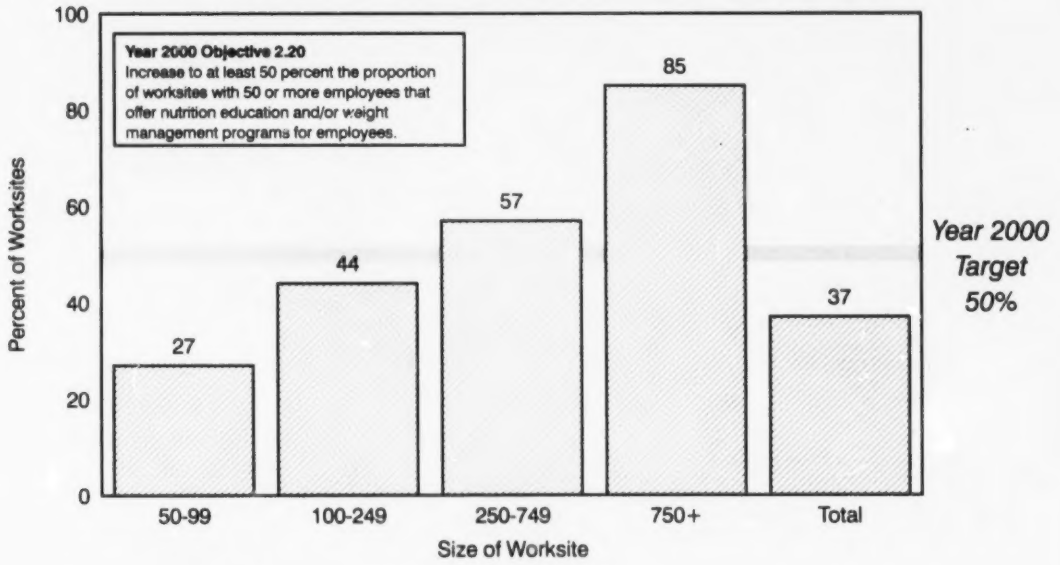
Dietary factors are associated with five of the leading causes of death: coronary heart disease, some types of cancer, stroke, noninsulin-dependent diabetes mellitus, and atherosclerosis. Worksite nutrition programs can provide a mechanism for reaching a large number of employees with information, activities, and services that encourage and facilitate the adoption of dietary practices conducive to good health.

Forty-three percent of worksites* have a cafeteria, snack bar, or food service. Percentages vary considerably by number of employees at the worksite and by industry. Of those worksites that have a food service, 31 percent label foods on the basis of nutritional value. Overall, 90 percent of worksites have vending or drink machines, and two-thirds of these worksites have vending machines with fruits, juices, or low fat snacks.

Worksite nutrition education activities include individual counseling, group classes, workshops, lectures, special events, posters, brochures, pamphlets, or videos. Overall, the proportion of worksites offering nutrition education activities increased from 17 percent in 1985 to 31 percent in 1992. Of these worksites, 94 percent offer resource materials; 53 percent offer group classes, workshops, lectures, or special events; and 18 percent offer individual counseling. Nearly twice as many worksites in the services industry offer nutrition activities when compared with worksites in the agriculture/mining/construction industry. Overall, the provision of worksite nutrition education activities increases as worksite size increases (see Figure 9).

*See footnote page 4.

Figure 10
Percent of worksites with 50 or more employees offering nutrition education and/or weight management programs by size, 1992



Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

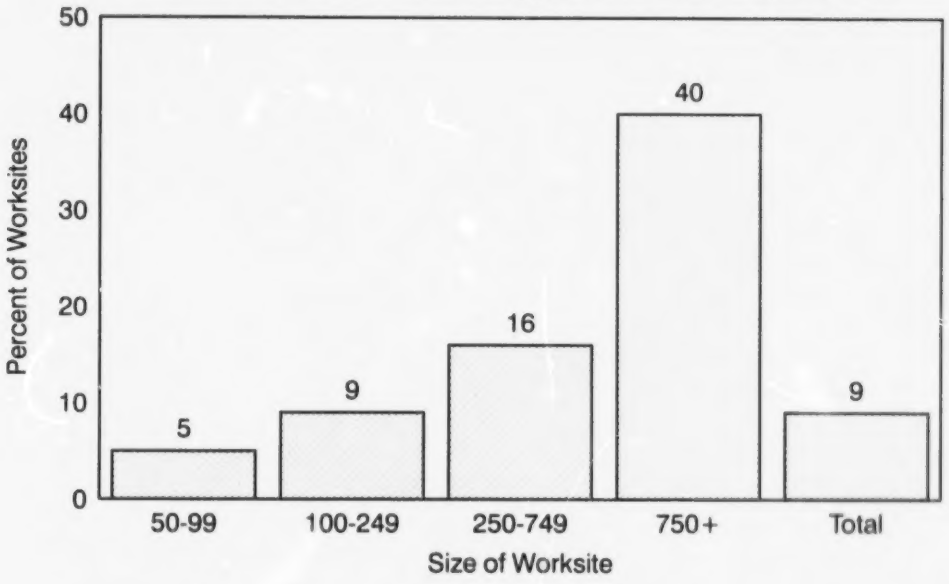
WEIGHT CONTROL

Overall, the proportion of worksites* offering weight management activities increased from 15 percent in 1985 to 24 percent in 1992. Of these worksites, 87 percent offer resource materials such as posters, brochures, pamphlets, or videos; 61 percent offer group classes, workshops, lectures, or special events; and 31 percent offer individual counseling. Worksites with 750 or more employees are over five times more likely to provide weight management activities than are worksites with 50 to 99 employees. Overall, 43 percent of worksites have a scale for measuring weight available on the premises.

Figure 10 demonstrates that worksites are 13 percentage points from achieving the nutrition and/or weight management objective for the year 2000.

*See footnote page 4.

Figure 11
Percent of private worksites with 50 or more employees offering information or activities concerning prenatal education by size, 1992



Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

PRENATAL EDUCATION

Early prenatal care is critical to improving pregnancy outcomes. Worksites can have an impact on improving early entry into prenatal care by providing relevant educational materials and activities. Nine percent of worksites* offer information and activities related to prenatal care. Rates vary considerably by size of the worksite. Of the worksites offering prenatal education, 93 percent offer resource materials; 53 percent offer group classes, workshops, lectures, or special events; and 44 percent offer individual counseling (see Figure 11).

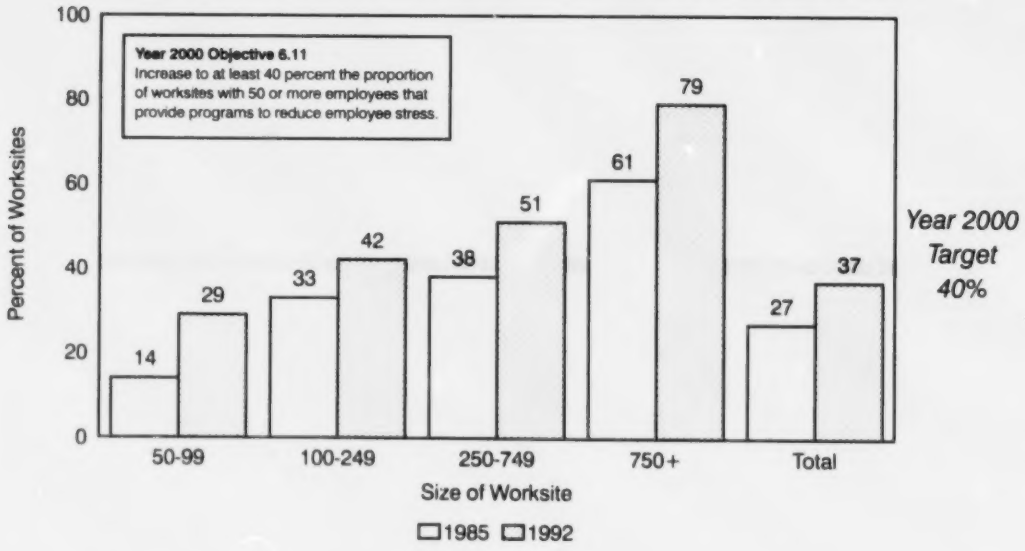
MEDICAL SELF-CARE

Medical self-care involves understanding the appropriate use of the medical care system. It includes such skills as knowing when to see a physician, when to obtain a second medical opinion, how to be an assertive patient, and when to use outpatient rather than inpatient services.

Eighteen percent of worksites offer information or activities concerning medical self-care. Of the worksites offering medical self-care activities, 84 percent provide employees with resource materials such as posters, brochures, pamphlets, or videos; 36 percent offer group classes, workshops, lectures, or special events; 31 percent provide individual counseling; and 26 percent offer access to a telephone counseling service other than an employee assistance program (EAP). Provision of these activities increases substantially as the size of the worksite increases.

*See footnote page 4.

Figure 12
Percent of private worksites with 50 or more employees offering information or activities concerning stress management activities by size, 1985 and 1992



Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

MENTAL HEALTH AND STRESS MANAGEMENT

Mental health not only describes the absence of mental disorders but also the ability of an individual to negotiate the daily challenges and social interactions of life without experiencing cognitive, emotional, or behavioral dysfunction. Stress management, depression, self-esteem, and coping can fall under the auspices of mental health programs and activities.

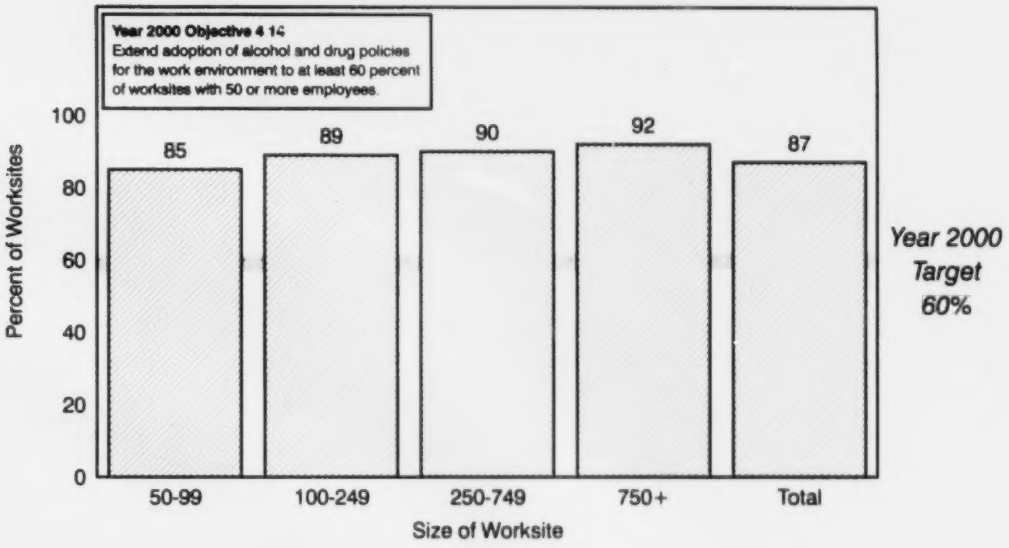
Overall, 25 percent of worksites* offer information or activities on mental health issues. Of these worksites, 19 percent address depression, 16 percent address job stress, and 9 percent address balancing work and family.

Thirty-seven percent of worksites offer information or activities specifically about stress management. Of these worksites, 86 percent offer resource materials such as posters, brochures, pamphlets, or videos; 69 percent offer group classes, workshops, lectures, or special events; 27 percent offer individual counseling; and 25 percent offer job redesign or personnel reassignments. Overall, 64 percent of worksites offer special places or rooms for employees to relax.

Excluding small worksites (50 to 99 employees), worksites have already achieved the year 2000 objective for stress management (see Figure 12).

*See footnote page 4.

Figure 13
Percent of worksites with 50 or more employees that have alcohol and drug policies for the work environment by size, 1992



Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

ALCOHOL AND OTHER DRUGS

Through worksite policies, prevention and intervention programs, and EAPs, worksites can educate employees about the harmful effects of alcohol and other drugs and provide support for rehabilitation by providing access to corrective resources.

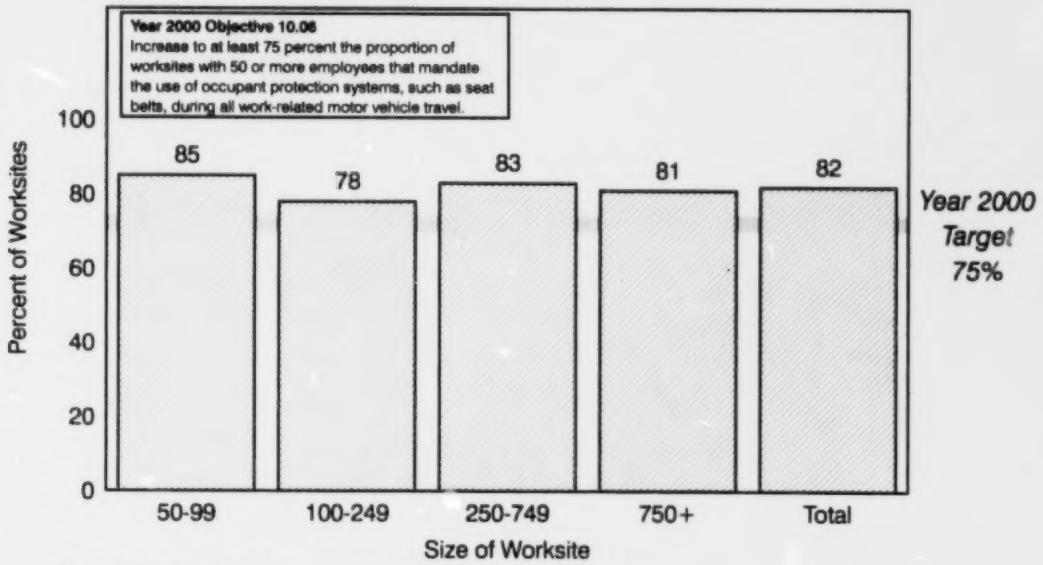
Nearly all worksites* have a formal policy concerning the use of alcohol and other drugs. Eighty-eight percent have a formal policy for alcohol, and 89 percent have a formal policy for other drugs. The most common policies include prohibiting the use of alcohol onsite, promoting a "drug-free workplace," and dismissing employees for being "drunk or drugged on the job." Worksites in all size categories have exceeded the year 2000 goal (see Figure 13).

One-quarter (26 percent) of worksites have an employee drug testing program for all their employees, and 14 percent have one for only some of their employees. Of these worksites, 86 percent conduct preemployment screening; 73 percent test if they suspect an employee of being a drug user; 56 percent test after an accident or incident; and 43 percent of worksites perform random testing on their employees.

More than one-third (36 percent) of worksites offer information or activities on alcohol or other drug usage. Of these worksites, 94 percent provide resource materials such as posters, brochures, pamphlets, or videos; 46 percent offer group classes, workshops, lectures, or special events; and 32 percent offer individual counseling. Forty percent of worksites offer an employee assistance program either directly or indirectly through an outside contractor.

*See footnote page 4.

Figure 14
Percent of worksites with 50 or more employees that require use of occupant protection systems during work-related travel,* 1992



Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.
*Of worksites with employees who have work-related motor vehicle travel.

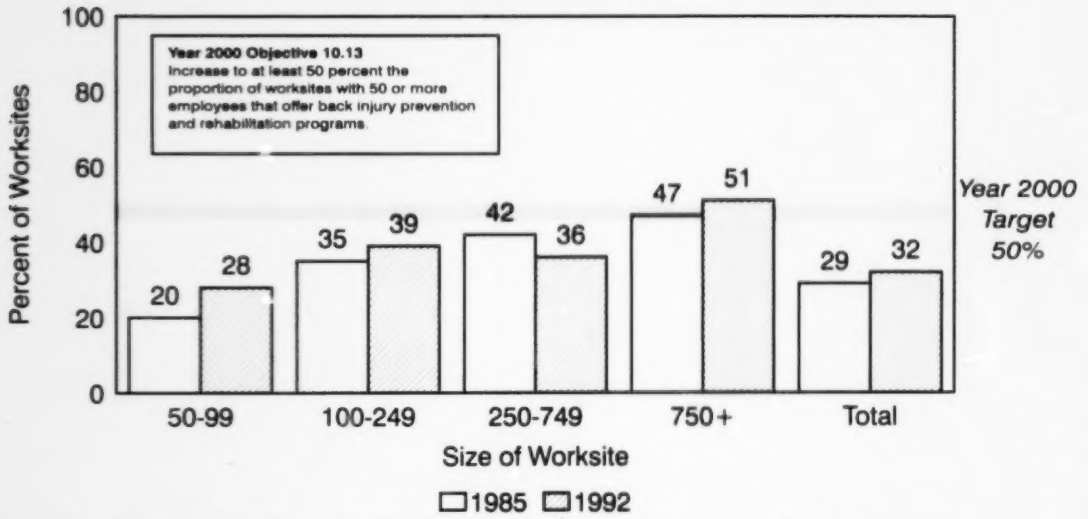
GENERAL WORKPLACE SAFETY AND HEALTH

Although the number of fatal occupational injuries has declined in recent years, work-related illnesses and nonfatal injuries appear to be increasing. In addition to providing education about job hazards and injury prevention in compliance with applicable OSHA standards, 64 percent of worksites* provide additional information and activities. Of these worksites, 54 percent offer education about lifting and back injury; 37 percent offer information about machinery equipment hazards; 30 percent offer general safety and risk management information; 23 percent offer education about toxic chemicals; 19 percent offer CPR and first aid training; and 10 percent offer fire safety training.

Approximately two-thirds of worksites have employees who do work-related motor vehicle travel. Use of occupant protection systems, such as seatbelts, are required by 82 percent of worksites with employees who have work-related motor vehicle travel (see Figure 14).

*See footnote page 4.

Figure 15
Percent of private worksites with 50 or more employees offering information or activities concerning back care by size, 1985 and 1992



* In 1985, back care activities were defined as information, group classes/workshops, special events; in 1992, back care activities were individual counseling, group classes, workshops, lectures, or special events, resource materials, redesigned job tasks to reduce lifting/overexertion risks, mechanical aids to ease burden of lifting.

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

BACK CARE

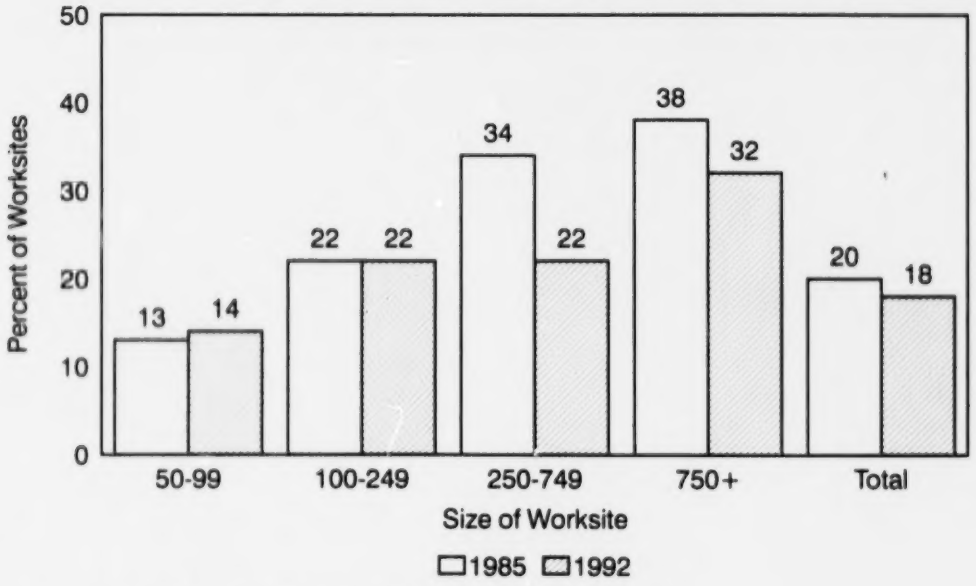
In heavy industry, as many as one in five workers may be affected by back injuries. In 1985, prevention and rehabilitation programs related to this problem were second in number only to smoking control activities among specific health promotion programs in the worksite.

The proportion of worksites* offering back care information or activities increased slightly from 29 percent in 1985 to 32 percent in 1992. Among worksites that offer information or activities concerning back care, 90 percent offer resource materials such as posters, brochures, pamphlets, or videos; 70 percent offer group classes, workshops, lectures, or special events; 64 percent offer mechanical aids to ease the burden of lifting; 41 percent redesign job tasks to reduce lifting and overexertion risks; and 35 percent offer individual counseling.

As seen in Figure 15, worksites are 18 percentage points from achieving the back care objective for the year 2000. Only worksites with 750 or more employees have achieved this objective.

*See footnote page 4.

Figure 16
Percent of worksites with 50 or more employees offering information or activities concerning off-the-job accidents by size, 1985 and 1992



Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

OFF-THE-JOB ACCIDENTS

Unintentional injuries account for approximately 100,000 deaths each year in the United States. Although occupational injuries constitute a large number of these fatalities, automobile accidents, home accidents, and recreational accidents remain a large and preventable public health problem. Information and prevention activities can help reduce the loss of productivity caused by off-the-job injuries.

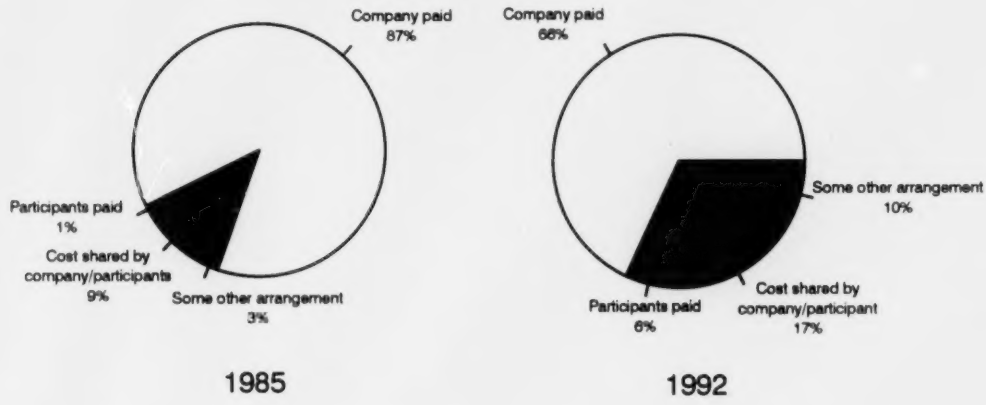
The proportion of worksites* offering information and activities about off-the-job accidents decreased slightly from 20 percent in 1985 to 18 percent in 1992. Of these worksites, 79 percent offer information or activities about home injuries; 60 percent offer information about automobile injuries; and 56 percent offer information on recreational accidents.

Of the worksites offering information or activities related to off-the-job accidents, 89 percent offer resource materials such as posters, brochures, pamphlets, or videos; 46 percent offer group classes, workshops, lectures, or special events; and 14 percent offer individual counseling.

A greater percentage of worksites in the agriculture/mining/construction industry offer off-the-job accident education (29 percent) than worksites in other industries. As seen in Figure 16, the provision of off-the-job accident information and activities decreased since 1985 for larger worksites only.

*See footnote page 4.

Figure 17
Percent of private worksites with 50 or more employees by payment arrangement of screenings or exams, 1985 and 1992



Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

PROGRAM ADMINISTRATION AND SUPPORT

Worksites with at least one health promotion activity were asked several questions about how these activities are administered, including location, budget, payment, and involvement of outside groups. From this survey, it appears that the responsibility for health promotion activities falls largely within the jurisdiction of the worksite. Most of the activities are paid for and administered by the company.

In the majority of worksites* (59 percent), the personnel/human resources department is responsible for administering worksite health promotion activities. This is true across all size and industry categories. Overall, the benefits department administers activities in 16 percent of worksites, occupational health and safety in 7 percent, the medical department in 6 percent, and the health promotion department in 2 percent.

In 67 percent of worksites, the actual coordination of activities is done primarily in-house. In 7 percent, coordination is done primarily by an outside group; in 23 percent of worksites, activities are coordinated by both an in-house and outside group. This pattern is consistent across size and industry categories and closely matches the pattern reported in 1985 (56 percent, 7 percent, and 36 percent, respectively).

Although most worksites (83 percent) pay for the majority of health promotion activities, only 25 percent have a budget specifically set aside for health promotion activities. The majority of budgets in fiscal year 1991 were under $50,000. The likelihood of a worksite having a health promotion budget varies according to size and industry categories. For example, budgets exist in 17 percent of worksites with 50 to 99 employees and in 67 percent of worksites with 750 or more employees.

*See footnote page 4.

Employees pay directly for most health promotion activities in only 2 percent of worksites.* Although the overall pattern for payment of worksite health promotion activities has not changed since 1985, there has been a decrease in the proportion of worksites covering the costs of screenings and examinations (see Figure 17). One possible explanation for this could be an increase in coverage for preventive services provided to employees under their health benefits plans, although evidence to support this suggestion has not been documented.

The locations of screenings or health examinations, group activities (classes, workshops, lectures, or special events), and individual counseling services in 1985 and 1992 are compared in Table C. The most dramatic shift has been the movement of screenings and exams from offsite to onsite locations.

Table C
Location of Health Promotion Activities

	Screenings		Group Activities		Individual Counseling	
	1985	1992	1985	1992	1985	1992
Primarily onsite	42%	73%	80%	89%	77%	67%
Primarily offsite	50%	21%	9%	4%	11%	16%
About equally onsite and offsite	8%	6%	11%	6%	12%	15%

Finally, as in 1985, worksites use a variety of external sources for products, services, or personnel to assist with health promotion activities. Of the 53 percent of worksites using outside groups, 62 percent use services from voluntary or not-for-profit organizations such as the American Heart Association and American Cancer Society; 55 percent use local hospitals; and 50 percent use private, for-profit providers, consultants, or clubs. The use of local hospitals has increased 25 percent since 1985.

INCENTIVES

A variety of incentives ranging from monetary reimbursements to official company time are used to encourage employee participation in worksite health promotion activities and to reward healthy lifestyle behavior.

Among the financial incentives offered are risk-rated health insurance policies based on smoking status (12 percent of worksites*), seat belt use (5 percent), participation in weight loss classes (4 percent), blood pressure level (4 percent), and physical activity participation (3 percent). Thirty-one percent of worksites offer flexible spending accounts and 8 percent offer annual fixed-amount reimbursement for expenses incurred by employees for certain types of health promotion activities.

Some worksites offer subsidized discounts or reduced fees for participation in community-based smoking cessation programs (16 percent), exercise or recreation clubs (13 percent), and weight loss classes (8 percent).

*See footnote page 4.

Time is used by a majority of worksites* as an incentive for participation. Seventy-two percent of all worksites allow employees to use official time (on-the-clock) to participate in health promotion activities, and 45 percent allow flexible scheduling (flex-time).

BENEFITS AND EVALUATION

The benefits of worksite health promotion activities range from improved employee health and reduced absenteeism to containing health care costs and increasing productivity. In an attempt to quantify both formal and informal evaluation efforts, the 1992 survey included questions on the benefits of health promotion and how these benefits are documented. For example, have goals and objectives been established that could provide a basis for evaluation efforts? Are benefits perceived or based on actual data? Is health promotion considered a cost-containment activity?

Before implementing health promotion activities, 49 percent of worksites analyze health care costs, and 27 percent conduct needs assessments. Approximately 28 percent examine death and disability reports.

Seventeen percent of worksites have a written set of goals and objectives for their health promotion activities. Thirty-one percent of worksites keep participant records for all health promotion activities, and 20 percent keep participation records for some activities. In 1985, 27 percent of worksites had written goals and objectives.

Of the 12 percent of worksites that conduct formal evaluations, 55 percent collect data on health care costs, 50 percent on disability, 40 percent on employee morale, 38 percent on employee health status, 36 percent on absenteeism, 34 percent on productivity, and 29 percent on employee health behaviors. Among the 55 percent that measure health care costs, 44 percent report a reduction in health care costs.

Improving employee health is the most frequently cited reason for initiating health promotion activities (41 percent), followed by reduced employee health insurance costs (27 percent). Below is a list of other reasons most frequently cited.

- To improve employee morale—17 percent.
- To respond to employee requests—13 percent.
- To reduce accidents on the job—9 percent.
- To reduce absenteeism—8 percent.
- To respond to management requests/corporate mandate—8 percent.
- To increase output/productivity—8 percent.

To assess the benefits of worksite health promotion, the 1992 survey looked at perceived benefits. Below is a list of the eight benefits cited most frequently.

- Improved employee health—28 percent.
- Improved employee morale—26 percent.
- Reduced health insurance cost—19 percent.
- Reduced absenteeism—19 percent.

*See footnote page 4.

- Increased output/productivity—16 percent.
- Reduced accidents on the job—9 percent.
- Improved education on health issues—7 percent.
- Reduced workers' compensation claims—4 percent.

Forty-three percent of worksites* have implemented cost-containment strategies in the past 3 years. Only 6 percent of worksites indicate health promotion as a strategy to help contain costs. The most frequently cited cost-containment strategies are second opinion programs (20 percent), increased deductible in health insurance (18 percent), and hospital admission review (18 percent). In 1985, the most frequently cited strategies were second opinion programs (30 percent), increased deductible (15 percent), and hospital admission review (10 percent).

The perceived barriers (or problems) to the implementation of worksite health promotion include cost, lack of management support, and lack of interest of employees. These are similar to those cited in 1985.

*See footnote page 4.

APPENDIX
NATIONAL SURVEY OF WORKSITE HEALTH PROMOTION ACTIVITIES
OUTLINE OF SURVEY

Information or Activities

Blood pressure
Cholesterol
Cancer
Smoking cessation
Exercise and physical fitness
Nutrition education
Weight control
Prenatal education
Medical self-care
Mental health
Stress management
Alcohol and other drugs
AIDS education
Sexually transmitted diseases
Job hazards and injury prevention
Back care
Off-the-job accidents

Program Administration and Support

Coordination of activities
Location of screenings and activities
Payment arrangement for screenings and activities
Budget for activities
Use of outside organizations

Incentives

Financial incentives
Use of company time/flexible time
Health promotion activity eligibility

Benefits and Evaluation

Reasons for not having any activities
Evaluation data/records
Cost containment
Records of participation
Reasons activities were initiated

Policies

Smoking
Alcohol or other drugs
AIDS
Occupant protection systems during work-related travel

General Preventive Services

Health status/risk questionnaire
Periodic physical exams
Blood sugar tests
Blood pressure screenings
Cholesterol screenings
Cancer screenings
Immunizations

Services

Food labeling
Healthy vending machines
Employee assistance program

Facilities

Blood pressure machines
Exercise or physical fitness
Scale
Rooms for employees to relax

Workforce Characteristics

Full time
Salary status
Age (under 30)
Union representation
Work shifts
Work offsite
Change in workforce size
Health insurance

*U.S. G.P.O.:1993-342-356:83634